

Siblings Australia welcomes the opportunity to contribute to the *Discussion Paper – A Mentally Healthy Future for all Australians*. These comments will focus on only one of the priorities mentioned in this Discussion Paper:

5. Investing in our children, youth and families

Program priorities under this heading include:

- Acting early and nurturing a healthy start in children and families
- Early childhood, family mental health and developmental services (0-25yrs)
- Schools as hubs for acting early and for supporting children and families
- Increased focus on promotion, prevention and early intervention
- A spectrum of services for high risk families
- Stable housing as a priority

In addition, the Discussion Paper highlights the following as having the greatest potential impact

- Early childhood and family mental health and developmental services
- Schools as hubs for acting early and nurturing children and families
- A spectrum of services for families at high risk

In particular the following comments on the discussion paper will focus on:

1. Families at high risk
2. Increased focus on promotion, prevention and early intervention

1. Families at high risk

This Discussion Paper does not include families that include a child with a disability or chronic illness in its list of families at risk. This is a serious omission. There is much research to show that these families are at increased rate of marriage breakdown, parental depression as well as depression in the other children who are able-bodied (siblings). Often these siblings need to cope with parental separation, the depression in an often single parent, AND the demands of a child with special needs, with impacts in the home and also in the community (eg prejudice, bullying).

The following article refers to the issues for siblings and what is needed to support them.

<http://pandora.nla.gov.au/pan/107363/20091002-1309/auseinet.com/journal/vol7iss2/strohmeditorial.pdf>

Siblings Australia has done considerable work with adult siblings and anecdotal evidence shows that they can experience a range of mental health issues including depression and substance abuse.

Certainly more research needs to be done to explore these relationships further. In the meantime, if

we can provide support to these families at an early stage they can become stronger and more able to support all family members.

2. Increased focus on promotion, prevention and early intervention

There is much we could be doing now to prevent mental illness. As stated above we know that siblings of children with special needs are a group at risk. There is only one organisation in Australia, Siblings Australia, that has a sole focus on developing resources and services for this group. The work of Siblings Australia in supporting families and providing preventive mental health services for siblings is nationally and internationally recognised. However, it is at risk of closure as this government will not support its work. The organisation has been told by DOHA and FAHCSIA that there are other priorities for their departments. This will cost so much more in the long term, both for governments and the community, than any investment now.

Again, the article above discusses the benefits of preventative approaches.

Early intervention and prevention in early childhood is crucial. In relation to siblings of children with a disability, the skills and experience of Siblings Australia, developed over 11 years should be supported as part of any prevention strategies.

RECOMMENDATIONS:

1. Families of children with a disability or chronic illness be included in the definition of 'families at risk' within any Mental Health Strategy
2. Further research be carried out into the lifelong needs of these families
3. Particular attention be given to promotion, prevention and early intervention with regard the mental health of these families
4. Siblings of children with special needs be included in Mental Health policies
5. Resources be provided for the development of national best practice sibling support programs
6. Resources be provided for a workforce development program across relevant sectors eg disability, health, education and community services